

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>JB</i>	<i>75331</i>	
O.I.P.E. CLASSIFIER		<i>10-9-2-99</i>	
FORMALITY REVIEW	<i>✓ C</i>	<i>70017</i>	<i>9-8-99</i>

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	9/1/00
2	✓	✓	3/29/01
3	✓	✓	9/1/01
4	✓	✓	5/1/02
5	✓	✓	5/1/02
6	✓	✓	5/1/02
7	✓	✓	5/1/02
8	✓	✓	5/1/02
9	✓	✓	5/1/02
10	✓	✓	5/1/02
11	✓	✓	5/1/02
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If more than 150 claims or 10 actions  
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